

WILLIAM W. BACKUS HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2012
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL

| (1) | (2) | (3) |
|--------------------------|---------------------------------|---|
| LINE | DESCRIPTION | AFFILIATE INFORMATION |
| A. AFFILIATE NAME | | |
| | | BACKUS CORPORATION |
| 1 | Affiliate Description | PARENT CORPORATION - FOR THE WILLIAM W. BACKUS HOSPITAL. ITS PURPOSE IS TO PROMOTE AND FURTHER THE WELFARE, PROGRAMS AND ACTIVITIES OF THE HOSPITAL, OR OTHER AFFILIATES WHERE APPLICABLE. |
| 2 | Affiliate type of service | Parent Corporation |
| 3 | Tax Status | Not for Profit |
| 4 | Street Address | 326 Washington Street , |
| 5 | Town | Norwich |
| 6 | State | Connecticut |
| 7 | Zip Code | 06360 - |
| 8 | CEO Name | David A. Whitehead |
| 9 | CEO Title | President & Chief Executive Officer |
| 10 | CT Agent Name | David A. Whitehead |
| 11 | CT Agent Company | Backus Hospital |
| 12 | CT Agent Company Street Address | 326 Washington Street , |
| 13 | CT Agent Town | Norwich |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06360 - |
| B. AFFILIATE NAME | | |
| | | BACKUS HEALTH CARE, INC |
| 1 | Affiliate Description | HEALTH & EDUCATION SERVICES - ITS PURPOSE IS TO ASSIST THE HOSPITAL IN PROVIDING VARIOUS TYPES OF MEDICAL CARE AND HEALTH RELATED EDUCATION PROGRAMS TO THE COMMUNITY ON AN OUTPATIENT BASIS. |
| 2 | Affiliate type of service | Health Education Services |
| 3 | Tax Status | Not for Profit |
| 4 | Street Address | 326 Washington Street |
| 5 | Town | Norwich |
| 6 | State | Connecticut |
| 7 | Zip Code | 06360 - |
| 8 | CEO Name | David A. Whitehead |
| 9 | CEO Title | President & Chief Executive Officer |
| 10 | CT Agent Name | David A. Whitehead |
| 11 | CT Agent Company | Backus Hospital |
| 12 | CT Agent Company Street Address | 326 Washington Street |
| 13 | CT Agent Town | Norwich |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06360 - |
| C. AFFILIATE NAME | | |
| | | BACKUS MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC |
| 1 | Affiliate Description | AN AIR RIGHTS CONDOMINIUM ASSOCIATION ORGANIZED TO MANAGE THE PHYSICIAN OCCUPIED PORTION OF THE HOSPITAL OWNED MEDICAL OFFICE BUILDING |
| 2 | Affiliate type of service | Real Estate |
| 3 | Tax Status | For Profit |
| 4 | Street Address | 330 Washington Street |
| 5 | Town | Norwich |
| 6 | State | Connecticut |
| 7 | Zip Code | 06360 - |
| 8 | CEO Name | Daniel E. Lohr |
| 9 | CEO Title | President |
| 10 | CT Agent Name | Daniel E. Lohr |
| 11 | CT Agent Company | Backus Hospital |
| 12 | CT Agent Company Street Address | 330 Washington Street |
| 13 | CT Agent Town | Norwich |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06360 - |

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| (1) | (2) | (3) |
|-----------|---------------------------------|--|
| LINE | DESCRIPTION | AFFILIATE INFORMATION |
| D. | AFFILIATE NAME | BACKUS PHYSICIAN SERVICES, LLC |
| 1 | Affiliate Description | PROVIDE MEDICAL & SURGICAL PHYSICIAN SERVICES. IS A SUBSIDIARY OF CONNCARE, INC. |
| 2 | Affiliate type of service | Physicians Services |
| 3 | Tax Status | For Profit |
| 4 | Street Address | 112 Lafayette Street |
| 5 | Town | Norwich |
| 6 | State | Connecticut |
| 7 | Zip Code | 06360 - |
| 8 | CEO Name | David A. Whitehead |
| 9 | CEO Title | President |
| 10 | CT Agent Name | David A. Whitehead |
| 11 | CT Agent Company | CONNCare, Inc. |
| 12 | CT Agent Company Street Address | 112 Lafayette Street |
| 13 | CT Agent Town | Norwich |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06360 - |
| E. | AFFILIATE NAME | COMMUNITY MEDICAL PARTNERS, INC |
| 1 | Affiliate Description | PHYSICIAN SERVICES - TO PROVIDE PROFESSIONAL MEDICAL SERVICES TO THE PATIENTS OF AFFILIATES OF THE BACKUS CORPORATION AND TO OTHER INDIVIDUALS IN AREAS AND COMMUNITIES SERVED BY THE CORPORATION |
| 2 | Affiliate type of service | Physicians Services |
| 3 | Tax Status | Not for Profit |
| 4 | Street Address | 326 WASHINGTON STREET |
| 5 | Town | NORWICH |
| 6 | State | Connecticut |
| 7 | Zip Code | 06360 - |
| 8 | CEO Name | JAMES G. WATKINS, JR |
| 9 | CEO Title | CEO |
| 10 | CT Agent Name | JAMES G. WATKINS, JR |
| 11 | CT Agent Company | BACKUS HOSPITAL |
| 12 | CT Agent Company Street Address | 326 WASHINGTON STREET |
| 13 | CT Agent Town | NORWICH |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06360 - |
| F. | AFFILIATE NAME | CONNCARE, INC |
| 1 | Affiliate Description | OCCUPATIONAL HEALTH & OUTPATIENT CARE - IS A SUBSIDIARY OF BACKUS HEALTH CARE, INC. ITS PURPOSE IS TO PROVIDE OCCUPATIONAL HEALTH SERVICES TO EMPLOYERS AND THEIR EMPLOYEES AND TO ASSIST CLIENT COMPANIES WITH THE CONSERVATION OF HUMAN RESOURCES AT THE |
| 2 | Affiliate type of service | Occupational Health |
| 3 | Tax Status | Not for Profit |
| 4 | Street Address | 326 Washington Street |
| 5 | Town | Norwich |
| 6 | State | Connecticut |
| 7 | Zip Code | 06360 - |
| 8 | CEO Name | David A. Whitehead |
| 9 | CEO Title | President & Chief Executive Officer |
| 10 | CT Agent Name | Melinda A. Agsten, Esq |
| 11 | CT Agent Company | Wiggin & Dana |
| 12 | CT Agent Company Street Address | One Century Tower |
| 13 | CT Agent Town | New Haven |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06510 - |
| G. | AFFILIATE NAME | MEDCONN COLLECTION AGENCY, LLC |

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| (1) | (2) | (3) |
|-----------|---------------------------------|---|
| LINE | DESCRIPTION | AFFILIATE INFORMATION |
| 1 | Affiliate Description | Taxable Collection Agency in which the Hospital has a 25% partnership |
| 2 | Affiliate type of service | Collection Agency |
| 3 | Tax Status | For Profit |
| 4 | Street Address | 2049 Silas Deane Highway, Ste 305 |
| 5 | Town | Rocky Hill |
| 6 | State | Connecticut |
| 7 | Zip Code | 06067 - |
| 8 | CEO Name | James Moylan |
| 9 | CEO Title | Interim Executive Director |
| 10 | CT Agent Name | Daniel E. Lohr, Managing member |
| 11 | CT Agent Company | WWB Corporation |
| 12 | CT Agent Company Street Address | 326 Washington Street |
| 13 | CT Agent Town | Norwich |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06360 - |
| | | |
| H. | AFFILIATE NAME | OMNI HOME HEALTH SERVICES OF EASTERN CONNECTICUT, LLC, D/B/A BACKUS HOME HEALTH CARE |
| 1 | Affiliate Description | OMNI Home Health Services of Eastern Connecticut, LLC d/b/a Backus Home Health Care providing home health care services in eastern CT. |
| 2 | Affiliate type of service | Home Health/VNAs |
| 3 | Tax Status | For Profit |
| 4 | Street Address | 12 Case Street |
| 5 | Town | Norwich |
| 6 | State | Connecticut |
| 7 | Zip Code | 06360 - |
| 8 | CEO Name | David A. Whitehead |
| 9 | CEO Title | President |
| 10 | CT Agent Name | David A. Whitehead |
| 11 | CT Agent Company | WWB |
| 12 | CT Agent Company Street Address | 326 Washington Street |
| 13 | CT Agent Town | Norwich |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06360 - |
| | | |
| I. | AFFILIATE NAME | WWB CORPORATION |
| 1 | Affiliate Description | OTHER HEALTH CARE SERVICES - ITS PURPOSE IS TO RENDER HEALTH CARE RELATED SERVICES THAT WOULD OTHERWISE BE TAXABLE AS UNRELATED TRADE OR BUSINESS ACTIVITIES IF CONDUCTED BY THE HOSPITAL, OTHER AFFILIATES OR THE PARENT ORGANIZATION. |
| 2 | Affiliate type of service | Other HealthCare Svcs(Specify) |
| 3 | Tax Status | For Profit |
| 4 | Street Address | 326 Washington Street |
| 5 | Town | Norwich |
| 6 | State | Connecticut |
| 7 | Zip Code | 06360 - |
| 8 | CEO Name | Daniel E. Lohr |
| 9 | CEO Title | President |
| 10 | CT Agent Name | Daniel E. Lohr |
| 11 | CT Agent Company | Backus Hospital |
| 12 | CT Agent Company Street Address | 326 Washington Street |
| 13 | CT Agent Town | Norwich |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06360 - |

* P.O. BOX IS UNACCEPTABLE WITHOUT A STREET ADDRESS FOR EACH AGENT COMPANY

**WILLIAM W. BACKUS HOSPITAL
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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

| (1) | (2) | (3) | (4) |
|--|----------------|------------------------------------|----------------------------|
| LINE | AFFILIATE NAME | FUND DESCRIPTION / FUND PURPOSE | BALANCE AS OF 9/30/2012 |
| A. WILLIAM W. BACKUS HOSPITAL | | | |
| 1 | | Unrestricted | \$187,215,454 |
| 2 | | Temporarily Restricted by Donor | \$2,890,743 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$7,755,916 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$197,862,113 |
| B. BACKUS CORPORATION | | | |
| 1 | | Unrestricted | \$104,361 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | (\$15,845) |
| | | Total: | \$88,516 |
| C. BACKUS HEALTH CARE, INC | | | |
| 1 | | Unrestricted | (\$4,156) |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | (\$4,156) |
| D. BACKUS MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC | | | |
| 1 | | Unrestricted | \$0 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$0 |
| E. BACKUS PHYSICIAN SERVICES, LLC | | | |
| 1 | | Unrestricted | (\$539,871) |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | (\$539,871) |
| F. COMMUNITY MEDICAL PARTNERS, INC | | | |
| 1 | | Unrestricted | \$0 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$0 |
| G. CONNCARE, INC | | | |
| 1 | | Unrestricted | \$508,407 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$508,407 |

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

| (1) | (2) | (3) | (4) |
|------|--|------------------------------------|----------------------------|
| LINE | AFFILIATE NAME | FUND DESCRIPTION / FUND PURPOSE | BALANCE AS OF 9/30/2012 |
| | H. MEDCONN COLLECTION AGENCY, LLC | | |
| 1 | | Unrestricted | \$0 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$0 |
| | I. OMNI HOME HEALTH SERVICES OF EASTERN CONNECTICUT, LLC, D/B/A BACKUS HOME HEALTH CARE | | |
| 1 | | Unrestricted | (\$1,097,474) |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | (\$1,097,474) |
| | J. WWB CORPORATION | | |
| 1 | | Unrestricted | \$1,207,767 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | (\$1,000) |
| | | Total: | \$1,206,767 |
| | Total of all Affiliates (before Intercompany Eliminations) | Fund Balance: | \$198,041,147 |
| | Intercompany Eliminations | | (\$16,845) |
| | Total of all Affiliates | Fund Balance: | \$198,024,302 |

**WILLIAM W. BACKUS HOSPITAL
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REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS

| (1) | (2) | (3) | (4) | (5) |
|--|----------------|---|------------------|-----------------------------|
| LINE | AFFILIATE NAME | DESCRIPTION OF TRANSFER | DATE | TRANSFER TO / FROM HOSPITAL |
| A. BACKUS CORPORATION | | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2011 | \$0 |
| 1 | | Salary | 09/30/2012 | \$174,925 |
| 2 | | Accounts Payable | 09/30/2012 | \$3,090 |
| 3 | | Payments | 09/30/2012 | (\$135,168) |
| 4 | | Equity Transfers | 09/30/2012 | (\$42,847) |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2012 | \$0 |
| B. BACKUS HEALTH CARE, INC | | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2011 | \$10,428 |
| 1 | | Accounts Payable | 09/30/2012 | \$5,202 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2012 | \$15,630 |
| C. BACKUS MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC | | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2011 | \$0 |
| | | Nothing to Report | | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2012 | \$0 |
| D. BACKUS PHYSICIAN SERVICES, LLC | | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2011 | \$0 |
| | | Nothing to Report | | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2012 | \$0 |
| E. COMMUNITY MEDICAL PARTNERS, INC | | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2011 | \$0 |
| | | Nothing to Report | | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2012 | \$0 |
| F. CONNCARE, INC | | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2011 | \$117,096 |
| 1 | | Salary | 09/30/2012 | \$3,543,115 |
| 2 | | Accounts Payable | 09/30/2012 | \$2,064,759 |
| 3 | | Payments | 09/30/2012 | (\$4,523,164) |
| 4 | | Equity transfer | 09/30/2012 | (\$1,201,806) |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2012 | \$0 |
| G. MEDCONN COLLECTION AGENCY, LLC | | | | |

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REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS

| (1) | (2) | (3) | (4) | (5) |
|-----------|---|---|---------------------|-----------------------------|
| LINE | AFFILIATE NAME | DESCRIPTION OF TRANSFER | DATE | TRANSFER TO / FROM HOSPITAL |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2011 | \$0 |
| | | Nothing to Report | | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2012 | \$0 |
| H. | OMNI HOME HEALTH SERVICES OF EASTERN CONNECTICUT, LLC, D/B/A BACKUS HOME HEALTH CARE | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2011 | \$0 |
| | | Nothing to Report | | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2012 | \$0 |
| I. | WWB CORPORATION | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2011 | \$36,622 |
| 1 | | Salary | 09/30/2012 | \$7,190,690 |
| 2 | | Accounts Payable | 09/30/2012 | \$1,336,099 |
| 3 | | Payments | 09/30/2012 | (\$8,017,000) |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2012 | \$546,411 |
| | | | | |
| | | | Grand Total: | \$562,041 |

WILLIAM W. BACKUS HOSPITAL
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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

| (1) | (2) | (3) | (4) | (5) | (6) |
|-----------|---|---------------------------|--|-------------------|----------------------|
| LINE | AFFILIATE TRANSFERRING FUNDS | AFFILIATE RECEIVING FUNDS | DESCRIPTION OF TRANSFER | DATE | AMOUNT |
| | | | Beginning Unconsolidated Intercompany Balance | 10/01/2011 | \$4,077,627 |
| A. | BACKUS CORPORATION | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2012 | \$0 |
| B. | BACKUS HEALTH CARE, INC | | | | |
| 1 | | BACKUS CORPORATION | Accounting Fees | 09/30/2012 | \$36,936 |
| 2 | | BACKUS CORPORATION | Payments | 09/30/2012 | (\$132,354) |
| | | | Total: | 9/30/2012 | (\$95,418) |
| C. | BACKUS MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2012 | \$0 |
| D. | BACKUS PHYSICIAN SERVICES, LLC | | | | |
| 1 | | BACKUS CORPORATION | Salary | 09/30/2012 | \$1,383,572 |
| 2 | | BACKUS CORPORATION | Equity Transfers | 09/30/2012 | (\$4,474,742) |
| | | | Total: | 9/30/2012 | (\$3,091,170) |
| E. | COMMUNITY MEDICAL PARTNERS, INC | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2012 | \$0 |
| F. | CONNCARE, INC | | | | |
| 1 | | BACKUS CORPORATION | Accounting Fees | 09/30/2012 | \$36,936 |
| 2 | | BACKUS CORPORATION | Payments | 09/30/2012 | (\$132,354) |
| | | | Total: | 9/30/2012 | (\$95,418) |
| G. | MEDCONN COLLECTION AGENCY, LLC | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2012 | \$0 |
| H. | OMNI HOME HEALTH SERVICES OF EASTERN CONNECTICUT, LLC, D/B/A BACKUS HOME HEALTH CARE | | | | |
| 1 | | BACKUS CORPORATION | Salary | 09/30/2012 | \$5,193,979 |
| 2 | | BACKUS CORPORATION | Accounts Payable | 09/30/2012 | \$3,298,256 |

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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

| (1) | (2) | (3) | (4) | (5) | (6) |
|---------------------------|------------------------------|---------------------------|---|------------------|------------------|
| LINE | AFFILIATE TRANSFERRING FUNDS | AFFILIATE RECEIVING FUNDS | DESCRIPTION OF TRANSFER | DATE | AMOUNT |
| 3 | | BACKUS CORPORATION | Payments | 09/30/2012 | (\$8,017,000) |
| | | | Total: | 9/30/2012 | \$475,235 |
| I. WWB CORPORATION | | | | | |
| 1 | | BACKUS CORPORATION | Accounting Fees | 09/30/2012 | \$18,984 |
| 2 | | BACKUS CORPORATION | Payments | 09/30/2012 | (\$17,402) |
| | | | Total: | 9/30/2012 | \$1,582 |
| | | | Ending Unconsolidated Intercompany Balance | 9/30/2012 | \$1,272,438 |

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REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

| (1) LINE | (2) AFFILIATE NAME & DESCRIPTION OF EXPENDITURE | (3) AMOUNT | (4) DATE |
|--|---|---------------|------------------|
| A. BACKUS CORPORATION | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2012 |
| B. BACKUS HEALTH CARE, INC | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2012 |
| C. BACKUS MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2012 |
| D. BACKUS PHYSICIAN SERVICES, LLC | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2012 |
| E. COMMUNITY MEDICAL PARTNERS, INC | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2012 |
| F. CONNCARE, INC | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2012 |
| G. MEDCONN COLLECTION AGENCY, LLC | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2012 |
| H. OMNI HOME HEALTH SERVICES OF EASTERN CONNECTICUT, LLC, D/B/A BACKUS HOME HEALTH CARE | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2012 |
| I. WWB CORPORATION | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2012 |
| | Grand Total: | \$0 | 9/30/2012 |

WILLIAM W. BACKUS HOSPITAL
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 REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS

| (1) | (2) | (3) | (4) |
|--|--|------------|---------------|
| LINE | AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT | AMOUNT | TERM IN YEARS |
| A. BACKUS CORPORATION | | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| B. BACKUS HEALTH CARE, INC | | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| C. BACKUS MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC | | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| D. BACKUS PHYSICIAN SERVICES, LLC | | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| E. COMMUNITY MEDICAL PARTNERS, INC | | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| F. CONNCARE, INC | | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| G. MEDCONN COLLECTION AGENCY, LLC | | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| H. OMNI HOME HEALTH SERVICES OF EASTERN CONNECTICUT, LLC, D/B/A BACKUS HOME HEALTH CARE | | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| I. WWB CORPORATION | | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| | Grand Total: | \$0 | |

**WILLIAM W. BACKUS HOSPITAL
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REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR
INDIGENT CARE AND FREE BEDS**

| (1) | (2) | (3) | (4) | (5) | (6) |
|-------------------------|-----------------------------|---------------------|---------------------|----------------------|--------------|
| LINE | DESCRIPTION | FY 2011 ACTUAL | FY 2012 ACTUAL | AMOUNT DIFFERENCE | % DIFFERENCE |
| A. Indigent Care | | | | | |
| | Beginning Balance | \$0.00 | \$0.00 | \$0.00 | 0% |
| 1 | Donations | \$0.00 | \$0.00 | \$0.00 | 0% |
| 2 | Income | \$0.00 | \$0.00 | \$0.00 | 0% |
| 3 | Expenditures | \$0.00 | \$0.00 | \$0.00 | 0% |
| 4 | Unrealized Gains and Losses | \$0.00 | \$0.00 | \$0.00 | 0% |
| | Ending Balance | \$0.00 | \$0.00 | \$0.00 | 0% |
| 5 | Projected Interest Income | \$0.00 | \$0.00 | \$0.00 | 0% |
| B. Free Beds | | | | | |
| | Beginning Balance | \$551,595.00 | \$527,060.00 | (\$24,535.00) | -4% |
| 1 | Donations | \$0.00 | \$0.00 | \$0.00 | 0% |
| 2 | Income | \$12,712.00 | \$15,847.00 | \$3,135.00 | 25% |
| 3 | Expenditures | \$0.00 | \$0.00 | \$0.00 | 0% |
| 4 | Unrealized Gains and Losses | (\$37,247.00) | \$88,131.00 | \$125,378.00 | -337% |
| | Ending Balance | \$527,060.00 | \$631,038.00 | \$103,978.00 | 20% |
| 5 | Projected Interest Income | \$25,000.00 | \$12,400.00 | (\$12,600.00) | -50% |
| C. Other | | | | | |
| | Beginning Balance | \$0.00 | \$0.00 | \$0.00 | 0% |
| 1 | Donations | \$0.00 | \$0.00 | \$0.00 | 0% |
| 2 | Income | \$0.00 | \$0.00 | \$0.00 | 0% |
| 3 | Expenditures | \$0.00 | \$0.00 | \$0.00 | 0% |
| 4 | Unrealized Gains and Losses | \$0.00 | \$0.00 | \$0.00 | 0% |
| | Ending Balance | \$0.00 | \$0.00 | \$0.00 | 0% |
| 5 | Projected Interest Income | \$0.00 | \$0.00 | \$0.00 | 0% |

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| REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL | | |
| A. Patient Activity | | |
| (1) | (2) | (3) |
| <u>Patient</u> | Name of Hospital Bed Fund (<u>FULL NAME</u>) | Amount |
| 1. Number of Applications for Hospital Bed Funds | | 0 |
| 2. A. Number of Patients receiving Hospital Bed Fund Grants | | 0 |
| 2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F | | \$0.00 |
| | | |
| Grand Total | | \$0.00 |
| | | |
| | | |

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| REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL | | | | | |
| B. BED FUND ACTIVITY | | | | | |
| (1) | (2) | (3) | (4) | (5) | (6) |
| Line | Name of Hospital Bed Fund | FMV of Principal | Actual Earnings | Earnings Reinvested | Earnings Available |
| (3) | Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each | | | | |
| (4) | Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund. | | | | |
| (5) | Actual Dollar Amount of Earnings reinvested as Principal, if any. | | | | |
| (6) | Actual Dollar Amount of Earnings available for Patient Care. | | | | |
| | IRVING WOOD | \$300,000.00 | \$56,678.00 | \$0.00 | \$38,767.00 |
| | ANNIE ROGERS | \$66,833.00 | \$9,920.00 | \$0.00 | \$13,229.00 |
| | AVERILL CHILDRENS FUND | \$5,000.00 | \$1,217.00 | \$0.00 | \$1,623.00 |
| | BRIGGS/PEABODY FUND | \$7,500.00 | \$4,141.00 | \$0.00 | \$5,522.00 |
| | G. SHEDD | \$4,246.00 | \$4,016.00 | \$0.00 | \$5,356.00 |
| | HUNTINGTON MEMORIAL | \$23,393.00 | \$249.00 | \$0.00 | \$332.00 |
| | L. SMITH | \$15,000.00 | \$15,652.00 | \$0.00 | \$20,874.00 |
| | LAMB FUND | \$10,000.00 | \$4,601.00 | \$0.00 | \$6,135.00 |
| | UNRESTRICTED | \$80,088.00 | \$5,043.00 | \$0.00 | \$6,726.00 |
| | ECCLES FUND | \$15,000.00 | \$4,060.00 | \$0.00 | \$5,414.00 |
| | Total Bed Funds : | \$527,060.00 | \$105,577.00 | \$0.00 | \$103,978.00 |

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

| (1) | (2) | (3) |
|---|---|---|
| LINE | DESCRIPTION | COLLECTION INFORMATION |
| I. GENERAL COLLECTION PROCESSES AND PROCEDURES | | |
| A. | Hospital's processes and policies for assigning a debt to a Collection Agent | A series of 4 statements including charity care information and a final notice letter are sent to patients owing balances to the Hospital. After appropriate series of requests for payment are made with no response, the account is then considered for Bad Debt and referred to a collection agency. |
| B. | Hospital's processes and policies for compensating a Collection Agent for services rendered | The Hospital pays the collection agency various fees calculated as a percentage of the amount collected. The percentages vary based on type of account - self pay, workers compensation, or if the collection agency required legal assistance to generate the collection. |
| C. | Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents | 22.40% |
| II. SPECIFIC COLLECTION AGENT INFORMATION | | |
| Collection Agent | | |
| 1 | Collection Agent Name | MEDCONN COLLECTION AGENCY |
| 2 | Collection Agent Type | Collection Agency |
| 3 | Related / Not Related Entity | Related |
| 4 | If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details. | A series of 4 statements including charity care information and a final notice letter are sent to patients owing balances to the Hospital. After appropriate series of requests for payment are made with no response, the account is then considered for Bad Debt and referred to a collection agency. |
| 5 | If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details. | The Hospital pays the collection agency various fees calculated as a percentage of the amount collected. The percentages vary based on type of account - self pay, workers compensation, or if the collection agency required legal assistance to generate the collection. |

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

| (1) | (2) | (3) |
|------|---|------------------------|
| LINE | DESCRIPTION | COLLECTION INFORMATION |
| 6 | Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent. | 22.40% |
| | | |

**WILLIAM W. BACKUS HOSPITAL
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REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS**

| LINE | POSITION TITLE | SALARY | FRINGE BENEFITS | TOTAL |
|-------------|--------------------------------|--------------------|------------------------|--------------------|
| 1. | Former President & CEO | \$164,688 | \$3,193,002 | \$3,357,690 |
| 2. | President & CEO | \$631,077 | \$344,473 | \$975,550 |
| 3. | Sr. Vice President & CFO | \$431,613 | \$227,617 | \$659,230 |
| 4. | Clinical Services Sr. VP & CMO | \$432,160 | \$155,757 | \$587,917 |
| 5. | BPS Physician | \$495,860 | \$53,101 | \$548,961 |
| 6. | BPS Physician | \$454,353 | \$50,612 | \$504,965 |
| 7. | E.R. Physician | \$424,353 | \$57,061 | \$481,414 |
| 8. | E.R. Physician | \$341,273 | \$80,420 | \$421,693 |
| 9. | E.R. Physician | \$356,763 | \$55,230 | \$411,993 |
| 10. | E.R. Physician | \$332,420 | \$71,492 | \$403,912 |
| | Grand Total: | \$4,064,560 | \$4,288,765 | \$8,353,325 |

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REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

| (1) | (2) | (3) | (4) | (5) |
|---|--|--|--|-------------|
| LINE | DESCRIPTION | SALARIES (Directly or Indirectly) ^C | FRINGE BENEFITS ^A (Directly or Indirectly) ^C | TOTAL |
| A . BACKUS CORPORATION | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$142,289 | \$32,636 | \$174,925 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| B . BACKUS HEALTH CARE, INC | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| C . BACKUS MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| D . BACKUS PHYSICIAN SERVICES, LLC | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$1,083,329 | \$194,999 | \$1,278,328 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| E . COMMUNITY MEDICAL PARTNERS, INC | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| F . CONNCARE, INC | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| G . MEDCONN COLLECTION AGENCY, LLC | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| H . OMNI HOME HEALTH SERVICES OF EASTERN CONNECTICUT, LLC, D/B/A BACKUS HOME HEALTH CARE | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| I . WWB CORPORATION | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |

For each entity listed on Report 20, complete Report 21.

A - Fringe benefits shall represent the value of all forms of compensation as described in Section 19a-643-206-(b)(21), including the fair market value where appropriate.

B - A hospital employee is anyone who provides a service which incurs an expense for the hospital.

C - Indirect payments include but are not limited to payments made to related entities.

**WILLIAM W. BACKUS HOSPITAL
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REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR
CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY**

| (1) | (2) | (3) |
|----------|--|----------------|
| LINE | DESCRIPTION | ACTUAL FY 2012 |
| A | Transfer of Assets or Operations | |
| 1. | Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions. | N/A |
| 2. | Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions. | N/A |
| 3. | Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control. | N/A |
| 4. | Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred. | N/A |
| 5. | Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions. | \$0 |

| WILLIAM W. BACKUS HOSPITAL | | | | | |
|--|---|--------------------|--------------------|------------------|-------------|
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| REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL | | | | | |
| (1) | (2) | (3) | (4) | (5) | (6) |
| | | FY 2011 | FY 2012 | AMOUNT | % |
| LINE | DESCRIPTION | AMOUNT | AMOUNT | DIFFERENCE | DIFFERENCE |
| A. Hospital Charity Care (see Hospital Audited Financial Statement Notes) | | | | | |
| 1. | Number of Applicants | 1,641 | 2,085 | 444 | 27% |
| 2. | Number of Approved Applicants | 1,395 | 1,845 | 450 | 32% |
| 3. | Total Charges (A) | \$5,004,135 | \$5,552,920 | \$548,785 | 11% |
| | Average Charges | \$3,587 | \$3,010 | (\$577) | -16% |
| 4. | Ratio of Cost to Charges (RCC) | 0.444418 | 0.413799 | (0.030619) | -7% |
| | Total Cost | \$2,223,928 | \$2,297,793 | \$73,865 | 3% |
| | Average Cost | \$1,594 | \$1,245 | (\$349) | -22% |
| 5. | Charity Care - Inpatient Charges | \$1,546,456 | \$1,576,229 | \$29,773 | 2% |
| 6. | Charity Care - Outpatient Emergency Department Charges | 1,353,196 | 1,581,810 | 228,614 | 17% |
| 7. | Charity Care - Outpatient Charges (Excludes ED Charges) | 2,104,483 | 2,394,881 | 290,398 | 14% |
| | Total Charges (A) | \$5,004,135 | \$5,552,920 | \$548,785 | 11% |
| 8. | Charity Care - Number of Patient Days | 2,002 | 1,821 | (181) | -9% |
| 9. | Charity Care - Number of Discharges | 438 | 426 | (12) | -3% |
| 10. | Charity Care - Number of Outpatient ED Visits | 1,696 | 1,835 | 139 | 8% |
| 11. | Charity Care - Number of Outpatient Visits (Excludes ED Visits) | 4,316 | 4,499 | 183 | 4% |
| (A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes. | | | | | |
| B. Hospital Bed Funds (see Hospital Reporting System - Report 17) | | | | | |
| 1. | Number of Applicants | - | - | - | 0% |
| 2. | Number of Approved Applicants | - | - | - | 0% |
| 3. | Total Charges (B) | \$0 | \$0 | \$0 | 0% |
| | Average Charges | \$0 | \$0 | \$0 | 0% |
| 4. | Ratio of Cost to Charges (RCC) | 0.444418 | 0.413799 | (0.030619) | -7% |
| | Total Cost | \$0 | \$0 | \$0 | 0% |
| | Average Cost | \$0 | \$0 | \$0 | 0% |
| 5. | Bed Funds - Inpatient Charges | \$0 | \$0 | \$0 | 0% |
| 6. | Bed Funds - Outpatient Emergency Department Charges | 0 | 0 | 0 | 0% |
| 7. | Bed Funds - Outpatient Charges (Excludes ED Charges) | 0 | 0 | 0 | 0% |
| | Total Charges (B) | \$0 | \$0 | \$0 | 0% |
| 8. | Bed Funds - Number of Patient Days | 0 | 0 | 0 | 0% |
| 9. | Bed Funds - Number of Discharges | 0 | 0 | 0 | 0% |
| 10. | Bed Funds - Number of Outpatient ED Visits | 0 | 0 | 0 | 0% |
| 11. | Bed Funds - Number of Outpatient Visits (Excludes ED Visits) | 0 | 0 | 0 | 0% |
| (B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17. | | | | | |